

t wasn't part of June Causey's job description to go to Brooke Rymar's birthday party.

Causey, a nurse with the South Carolina Department of Health and Envi-

Home Healthcare Through DHEC

ronmental Control (DHEC) has known the one-year-old since the baby was a newborn. Brooke was born with health issues that kept her in the hospital more than three months, and she still uses intravenous feeding tubes at night, now that she's home with her family in Conway.

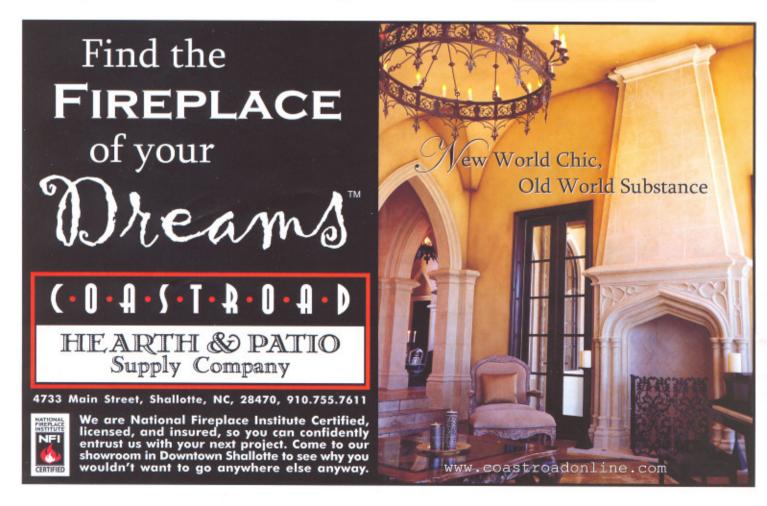
Causey's work order is to change Brooke's IV dressings once a week and help out

"as needed."

"She's here twice a week if not three times," Brooke's mother, Joye Rymar, said. "She's been here at four o'clock in the morning." Providing healthcare at home for people with medical conditions that prevent them from going to that care is what DHEC is all about, said home health nurse administrator Candra Johnson.

It has nothing to do with where a patient lives or with the ability to pay. All that's necessary to qualify for home healthcare is to have it recommended by the patient's doctor, and to have a medical condition that makes it extremely difficult to go to the healthcare provider.

Home healthcare is much less expensive than a hospital stay, and it's paid for through the usual methods, including self pay, private insurance, Medicare and Medicaid.



Whether a patient chooses to have that care through the non-profit DHEC or a private agency is a matter of personal choice.

Often a client is familiar with DHEC's services because a family member used the agency in the past.

"We see indigent people as well as people with all the money in the world," Johnson said, "and nobody gets turned down because of money."

The basic goal of DHEC's home healthcare program, Johnson said, is to help clients adjust to lifestyle changes brought on by illnesses or accidents, helping them become as independent as possible.

Serving Region 6, which is Horry, Georgetown and Williamsburg counties, DHEC nurses have an average of 22 cases per week. Seven nurses in Horry County and three covering Georgetown and Williamsburg handle that load.

"We don't see every patient every day," Johnson explained. "Some clients we see once a month and some several times a week."

What the healthcare providers do is just as individualized. Changing dressings, checking that meds are being given correctly and helping relieve pain is all part of the job. So is tending to wounds, helping patients learn how to use medical equipment and teaching family members how to help the patient.

But what about the spina bifida patient who lost her Medicaid benefits because of some neglected paperwork? Or the patient whose wheelchair won't fit through the bathroom door? Or the one on oxygen with a 20-month-old baby in the house who keeps tripping over the extension cord?

While DHEC employees can't always solve those problems for the client, they do connect them to agencies or individuals who can.

"We've had people who didn't even know there was a place like Meals on Wheels out there," Causey said. One client who'd had a stroke especially missed the pleasure of reading. Through the DHEC home health provider, the family learned the patient could get books on tape from the South Carolina State Library.

"Our care doesn't stop when we close the door behind us," Johnson said. "What happens to the patient when we're not there is important."

It's been important to state DHEC workers since 1966 when home health-care services began working with Medicare. A year later, the state agency added medical social workers to its staff. One year after that, regional clinical nursing specialists and Medicaid became part of the program.

Today, DHEC provides everything from nursing to physical therapy to nutrition education to social work.

"Then when you go home, you have to go home," Johnson said. "You have to leave your work at work."

"And sometimes," Causey added, "you don't." ©

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